

RAWALPINDI WOMEN UNIVERSITY

Undertaking Form

I (name) _____ Department _____ Semester _____

University _____ requires to conduct survey on
_____ in RWU on (date)
_____.

I assure that I will not make pictures/videos of participants and all data collected through survey form will only be used for research purposes and will be kept confidential.

Signed _____

Date ____/____/____